## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address: and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notification	ns,				<del></del>	separate "FEE ADDRESS" for	
CURRENT CORRESPONDENC			N Fe pa ha	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
YOUNG & THOMPSON 209 Madison Street Suite 500 ALEXANDRIA, VA 22314				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
ALEAANDRIA, VA 22314				(Depositor's name)			
						(Signature)	
						(Date)	
APPLICATION NO. FILING DATE		THE THE PARTY THE SECURITY OF	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO	). CONFIRMATION NO.	
10/561,192 06/27/2006		COMPENSOR COMPANIES AND COMPENSOR COMPANIES CONTRACTOR COMPENSOR COMPENSOR COMPENSOR COMPENSOR COMPENSOR COMP	Filip Zalio		8040-1073	3948	
TITLE OF INVENTION: C	ELL SEARCH PROC	CESS FOR WIRELESS C	COMMUNICATION SYS	STEM			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	JE FEE TOTAL FEE(S) D	DUE DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/09/2009	
EXAMINE	er e	ART UNIT	CLASS-SUBCLASS				
HERRERA, DI	IEGO D	2617	370-335000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).						Billion (Riche in the accusance construction representation and construction in the property of the accusance in the interest medical and the construction of the cons	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is				
Number is required.		listed, no name will b	c printed.	no name is 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below no assignee data will appear on the natural life and assigned in the control of the patent.							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
NEC CORPORATION			TOKYO, JAPAN				
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔀 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are	submitted:	41	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card, Form PTO-2038 is attached.				
X Advance Order - # of	Copies 1		The Director is hereby authorized to charge-the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).				
5. Change in Entity Status	`	,	(IF NECESSARY)				
NOTE: The Issue Fee and Puinterest as shown by the reco	ublication Fee (if requ	ired) will not be accepted	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
Authorized Signature	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		THOU.	7		Opening and representatives to the commence of the Property of the Company of the	
					ust 26, 2009	)	
Typed or printed name Benoit Castel Registration No. 35,041							
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